

## COVERED CHIROPRACTIC PROCEDURE CODES

Last Updated February 2, 2007

CODE	PROCEDURE	FEE
98940	CMT, spinal 1 – 2 regions	\$ 15.17
98941	CMT, spinal 3 – 4 regions	\$ 15.17
98942	CMT, spinal 5 regions	\$ 15.17
72010	X-ray exam of spine, entire	\$ 57.93
72020	X-ray of spine single view	\$ 21.42
72040	X-ray exam of neck spine	\$ 31.40
72070	X-ray exam of chest spine.	\$ 33.05
72072	Radiological exam spine thoracic	\$ 36.24
72080	X-ray exam of spine 3 views.	\$ 33.94
72100	X-ray exam of lower spine lateral.	\$ 33.94
99201	Office visit new patient	\$ 30.87
99211	Office visit established patient	\$ 15.36